

## APPLICATION DATA SHEET

### Application Information

Application Number:: 09/976,862  
Filing Date:: October 15, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: DC OFFSET COMPENSATION  
Attorney Docket Number:: 027557-068  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?::  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Sven

Middle Name::

Family Name:: MATTISSON

Name Suffix::

City of Residence:: Bjärred

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: Östanväg 3

City of Mailing Address:: Bjärred

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 237 36

Address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Leif

Middle Name::

Family Name:: WILHELMSSON

Name Suffix::

City of Residence:: Dalby

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: Lyftvägan 5  
City of Mailing Address:: Dalby  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 240 10  
Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name:: Peter  
Middle Name::  
Family Name:: MARKENLÖV  
Name Suffix::  
City of Residence:: Lund  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: Kulgränden 13B  
City of Mailing Address:: Lund  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 226-49

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

## Representative Information

Representative Customer Number:: 21839

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/241,349	10/19/00

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED KINGDOM	0025314.6	10/16/00	Yes

## Assignee Information

Assignee Name:: TELEFONAKTIEBOLAGET LM ERICSSON (PUBL)  
Street of Mailing Address:: SE-126 25  
City of Mailing Address:: Stockholm  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-126 25  
Address::